FAMILY GUIDANCE CENTER OF WARREN COUNTY
AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ DOB: _____ give my permission to:

Family Guidance Center of Warren County 492 Rt 57 West, Washington, NJ 07882 (908) 689-1000
(Name and address of person/agency from whom records are to be obtained.)

to release the following information for the sole purpose(s) of:

X (A) Treatment of my drug/alcohol abuse or dependence issues;

X (B) My participation in evaluation and counseling;

to: **New Jersey Substance Abuse Monitoring System (NJSAMS)**
State of New Jersey Department of Human Services
Division of Mental Health and Addiction Services
(Name and address of agency receiving information.)

I understand that verbal or written information will be disclosed only for the purpose(s) noted above, and that the information released will be limited to the following items:

X	Attendance at counseling sessions	X	Treatment summary and/or recommendation
X	Biopsychosocial history and assessment	X	Discharge Summary
X	Drug/alcohol usage	X	Prognosis/Diagnosis
X	Brief progress summary	X	Drug/Alcohol Screening Results
X	Medications		

I understand that my substance abuse treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. Pts. 160 & 164 and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent in writing at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

I have been offered a copy of this release and ___X__do / _____ do not want a copy.

This consent shall be in effect from _____ to _____

_____ _____
Witness Date Client Date

_____
Parent/Guardian of Minor Date

NOTICE: This information will be disclosed from records whose confidentiality is protected by Federal law. Federal regulations 42 CFR, Part 2 prohibit any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.